

was tapped and fetid flaky pus escaped, and its attachment was then seen to be a short sessile pedicle to the abdominal wall, about two fingers' width above the pubes. The true cyst wall was removed, the cavity drained, and its margins stretched to the abdominal wall. The peritoneal cavity was drained separately. Rapid recovery followed the operation. An account of the cyst wall is appended to the paper.—*Lancet*, Oct. 6, 1888.

H. PERCY DUNN (London).

**IV. Laparotomy for Removal From the Abdomen of a Foreign Body Thrust Through the Vaginal Wall.** By A. F. VINOGRADOFF (Kologriv, Russia). A peasant woman, æt. 30, came to the hospital on account of "abdominal pain which went up to her heart and interfered with her assuming a sitting posture." Having examined her abdomen, the writer found a very hard, stick-shaped, blunt-pointed body freely movable from side to side, lying in the abdominal cavity, near the umbilical region which "was bulging out in the shape of a tumor as large as a middle-sized apple." The whole posterior fornix of the vagina was occupied by a large scar slightly drawn in about its left end. On bimanual examination, it was at once discovered that pressure on the abdominal tumor permitted an exactly similar movable, narrow, hard body to be felt through the vaginal fornix. Naturally enough, the author concluded that he had to deal with a case of an intra-abdominal foreign body introduced through the vagina. Up to that moment the woman had been silent, but now, pressed by questions, she narrated the following singular story. She had been pregnant 15 days before, expecting labor in about three weeks. Her husband, having returned home in a drunken state, induced her to perform coition, to which she had consented only very reluctantly. During the act, she was seized with fears about her coming child and began to struggle. "The man grew furious, caught a carpenter's *arshine* (a wooden tool for measuring, 2 feet and 4 inches long) and thrust it into her vagina, violently rotating it several times in her inside." She lost consciousness profusely bleeding from her genitals. Ten hours later, labor pains set in, which expelled a live infant; the latter, however, survived only a few hours. There remained

a constant abdominal pain from that time, but otherwise the puerperium ran quite normally. Having resumed his examination after the woman's narrative, the author was able to introduce a probe through the above-mentioned depression in the vaginal scar, the instrument penetrating 6 cm. and striking a hard object somewhere in the abdominal cavity. It now became obvious that the wood *arshine* had been broken by a violent pressure against the sacral promontorium, the fragment remaining in the abdominal cavity. Laparotomy, as the only means for getting rid of the foreign body, was proposed, accepted by the patient, and performed on the next morning. The abdominal incision, 6 cm. long, was made parallel with the median line, slightly to the right from the navel. The foreign body (which actually proved to be a portion of a birch *arshine* measuring  $18\frac{1}{2} \times 3\frac{1}{2} \times \frac{3}{4}$  cm.) could be extracted without any difficulty. Its sharply-pointed broken end,  $\frac{1}{2}$  cm. long, was found thickly coated with fæcal matter. "The circumstance"—the author adds—"undoubtedly points out that the splinter, at the moment of its introduction, had perforated the large bowel, probably, somewhere near the junction of the S. Romanum with the rectum." The abdominal wound was at once sutured, and an iodoform dressing applied. No peritoneal toilette was made; no drainage was employed. There was some fever for the first four days after the operation, but the woman's bladder and bowels worked normally all through. The wound healed *per primam* about the 9th day. The patient left quite well on the 23d day.—*Rüsskaia Meditzina*, No. 21, 1888.

VALERIUS IDELSON (Berne).

**V. Hydatid Cyst of the Transverse Meso-Colon ; Abdominal Section ; Removal ; Cure.** By SIDNEY JONES (London). The following is a case of much interest, both on account of the diagnostic difficulties which it presented, and for the success which attended the operative interference of the surgeon. The patient, a plasterer, æt. 47, was admitted into St. Thomas's Hospital on June 22, 1888, complaining of a "lump in the stomach." About 18 months previously he had been under the author's care for the same complaint,